

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29520**

1. Entity Name

CARGEX ORLANDO LIMITED PARTNERSHIP

Principal Place of Business

%CARGEX PROPERTIES
49 ATLANTIC PLACE
SOUTH PORTLAND ME 04106

Mailing Address

%CARGEX PROPERTIES
49 ATLANTIC PLACE
SOUTH PORTLAND ME 04106

FILED

02 AUG 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Two Monument Sq
Suite, Apt. #, etc. *Ste 910*

3. Mailing Address

Two Monument Sq
Suite, Apt. #, etc. *Ste 910*

DUE BY SEPTEMBER 25, 2002

City & State

Portland ME

City & State

Portland ME

4. FEI Number **04-3074118**

Applied For

Not Applicable

Zip

04101 USA

Zip

04101 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P27770**
NAME **CARGEX ORLANDO PROPERTIES, INC.**
STREET ADDRESS **250 ESSEX STREET**
CITY-ST-ZIP **SALEM MA**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

Two Monument Sq Suite 910
Portland ME 04101

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500007309405--9

08/23/02--01042--004

******400.00 ****400.00**

500007309405--9

08/23/02--01042--005

******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
ROSELICH

7.10.02

207.773.5841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/02)

0002377 AB